

CATEGORY: PREGNANT

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
PS	Pregnant, Standard	002 003 900 231(b) 301 425(a)	1 1 1 1 1 1	Milk - fl/dry/evap - 1 _ gal Milk - fl/dry/evap - 2 gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
PSL	Pregnant, Standard, <i>Low Lactose</i>	005 006 901 231(b) 301 425(a)	1 1 1 1 1 1	Lactose Free Milk/Acidophilus -1 _ gal Lactose Free Milk/Acidophilus - 2 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
PBE	Pregnant and Exclusively Breastfeeding	002 003 900 232(b) 301 426(a) 910	1 1 1 1 1 1 1	Milk - fl/dry/evap - 1 _ gal Milk - fl/dry/evap -2 gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 2 lb dry Cheese - 1 lb Carrots - 2 lb Tuna - 4 cans (6 oz)
PBEL	Pregnant and Exclusively Breastfeeding, <i>Low Lactose</i>	005 006 901 232(b) 301 426(a) 910	1 1 1 1 1 1 1	Lactose Free Milk/Acidophilus - 1 _ gal Lactose Free Milk/Acidophilus - 2 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 2 lb dry Cheese - 1 lb Carrots - 2 lb Tuna - 4 cans (6 or 6 1/8 oz)

FOOTNOTES:

- Indicates the food item number for the “default” food or formula.
- Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)

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PH	Pregnant, <i>Homeless</i>	10 100 265(b) 301 402 428	11 2 6 1 1 2	Milk - fl/evap - _ gal Cheese - 1 lb block Juice - bottled, as selected Cereal - 36 oz Peanut Butter - 1 jar (18 –24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz)
PFCS	Pregnant, Needing Formula - Contract	228(b) 301 728(a) 729(a)	1 1 1 1	Juice - as selected Cereal - 36 oz Formula - 4 cans powdered Similac Advance Formula - 5 cans powdered Similac Advance
PON	Pregnancy Over, Non-Breastfeeding	001 002 900 229(b) 301	1 1 1 1 1	Milk -fl/dry/evap -1 gal Milk -fl/dry/evap –1 _ gal Milk - fluid only - 2 gal Cheese - 2 lb bock Eggs - 2 doz Juice - as selected Cereal - 36 oz
PONL	Pregnancy Over, Non- Breastfeeding, <i>Low Lactose</i>	004 005 901 229(b) 301	1 1 1 1 1	Lactose Free Milk/Acidophilus – 1 gal Lactose Free Milk/Acidophilus – 1 _ gal Lactose Free Milk/Acidophilus – 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz

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- Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

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